## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01375

Apr 15, 2009 Secretary of State

Entity Name: MARINA BAY RESORT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

80 MIRACLE STRIP PARKWAY FT WALTON BEACH, FL 32548

**Current Mailing Address: New Mailing Address:** 

80 MIRACLE STRIP PARKWAY FT WALTON BEACH, FL 32548

FEI Number: 59-2390568 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALLEN, LARRY 80 MIRACLE STRIP PARKWAY US FT WALTON BEACH, FL 32548

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

ALLEN, LARRY Name: ALLEN, LARRY Name: 607 BURGUNDY LANE Address: 607 BURGUNDY LANE Address:

City-St-Zip: FT. WALTON BEACH, FL City-St-Zip: FT. WALTON BEACH, FL 32547

Title: () Delete Title: () Change () Addition

GRIFFITH, FRANK Name: Name: Address: 20573 HIGHWAY 12S Address:

City-St-Zip: FOLEY, AL 36535 City-St-Zip:

Title: Title: () Delete (X) Change ( ) Addition

SAPP, MIKE Name: SAPP, MIKE Name:

765 SPRING LAKE DRIVE Address: Address: 444 RIDGE LAKE ROAD City-St-Zip: DESTIN, FL 32541 City-St-Zip: CRESTVIEW, FL 32536

Title: ( ) Delete Title: () Change () Addition

ANDERSON, BILL Name: Name: 204 COUNTRY CLUB AVENUE Address: Address: City-St-Zip: BAY MINETTE, AL 36507 City-St-Zip:

Title: () Delete Title: () Change () Addition

RUMMEL, BERNARD Name: Name: 5518 ESSEX RD Address: Address: City-St-Zip: PENSACOLA, FL 32506 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

KETCHUM, MARK KETCHUM, MARK Name: Name: Address: 49 PARADISE POINT RD Address: 16 CAMBRIDGE AVE

SHALIMAR, FL 32579 FORT WALTON BEACH, FL 32547 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY ALLEN S 04/15/2009